

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>United States of America</b>	COURT CASE NUMBER <b>18-00403</b>
DEFENDANT <b>SEAN I. COOK</b>	TYPE OF PROCESS Service

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SEAN I. COOK**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)

**226 Wickersham Road Oxford, PA 19363**

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW

KML Law Group, P.C.  
701 Market St.  
Suite 5000  
Philadelphia, PA 19106Number of process to be  
served with this Form 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.UNITED STATES MARSHAL SERVICE  
2018 AUG 23 AM 10:11  
EASTERN DISTRICT  
OF PENNSYLVANIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

The Defendant is incarcerated at Chester County Prison located at 501 South Wawaset Road, West Chester, PA 19382-6776. Prison ID number is 71857, please serve the Defendant.

Signature of Attorney other Originator requesting service behalf of

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

215-627-1322

DATE

8/23/18

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <b>8/23/18</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endemors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS: 9-13-18 SPOKE WITH MS. QUINN, SUPERINTENDENT'S OFFICE - They have NO SEAN I. COOK in INSTITUTE or any combination of that name. ID# provided 71857 is NOT a state number, STATE ID #'s are 2 letters followed by 4 numbers.

PRINT 5 COPIES.

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285  
Rev. 12/80*[Signature]* 0683